

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 914467109	FILING DATE								
						APPLICANT(S)									
CLAIMS															
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51	* IND.	* DEP.	52	* IND.	* DEP.	53	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.									
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15							93			94			95		
16							96			97			98		
17							99			100					
18							TOTAL IND.								
19							TOTAL DEP.								
20							TOTAL CLAIMS								
21							2								
22							14								
23							10								
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TOTAL IND.	2														
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TOTAL CLAIMS	10														

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